(Please type or print)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET ZOI 481-T NUMBER: If this is your first time filing an application with the PSC, you will not a Docket Number. The Commission will assign one to you, If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
~	Telephone: \$\frac{9}{3} - \frac{9}{0} - \frac{5}{0} \frac{4}{0}\$ Fax:
NOTE: The cover sheet and information contained herein neither replaces as required by law. This form is required for use by the Public Service Co be filled out completely.	mmission of South Carolina for the purpose of docketing and must
NATURE OF ACTION (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
·	
Application - Class C Non-Emergency	X Request Plase Expedite
Application - Class C Non-Emergency Application - Class C Stretcher Van	Request Please Expedite
	/_
Application - Class C Stretcher Van	Exhibit
Application - Class C Stretcher Van Application - Class E Household Goods	Exhibit Late-Filed Exhibit
Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste	Exhibit Late-Filed Exhibit Letter
Application - Class E Household Goods Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate	Exhibit Late-Filed Exhibit Letter Proposed Order
Application - Class E Household Goods Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order	Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit
Application - Class E Household Goods Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate	Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter
Application - Class E Household Goods Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Response

8

RECEIVED

NOV 2 2 2011

T,T,QRS

Romeo Liriani dba Myrtle Beach Taxis. Com, Inc 511 63rd Ave Myrtle Beach, SC 29572 843.907.5640

November 18, 2011

Dear SC PSC,

I Romeo Liriani request for my authority to be Expedited due to closing of another Business. If there are any questions, please call me at 843.907.5640

Sincerely,

Romeo Liriani

Rolling Sniami

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	RECEIVED Date: 1/-19-2011
CL	ASS C-TAXI NOV 2 2 2011
App of S	T, T, W. W. Solication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision s.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1. Ì	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Ronew Lireani Aba Myrke Besels Taks. Low 511 63 - 4 Ava Myrke Besels 56 29572 Street Address of Applicant
,	Street Address of Applicant
	Mailing Address of Applicant (if different from street address)
_	Mziling Address of Applicant (if different from street address)
	843-407-5640 Phone Fax
_	Phone Pax
	Email Address
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one)
	Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.
	1 of 9

1 + 800 113

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance a	at Time App	lication is l	Filed:
Month	NUV	Year	2011

Assets: 2500 Cash Receivables Real Estate Buildings and Equipment (Net) Motor Vehicles (Net) 18000 Garage Equipment (Net) Machinery and Tools (Net) Supplies on Hand Prepaids and Other Assets Total Assets* 12.500 Liabilities and Equity: Accounts Payable Notes Payable Mortgages Payable **Equipment Obligations** Accrued Salaries and Wages Other Accrued Obligations Other Liabilities **Total Liabilities** Capital Stock Retained Earnings **Total Equity**

Total Liabilities and Equity*

2 of 9

12500

1 1 113 141 1

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 2.00 per mile

Charleston

Fairfield

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina. Abbeville Cherokee Plorence ☐ Lee Saluda Aiken Chester Georgetown Lexington Spartanburg Allendale Chesterfield Greenville Marion Sumter Clarendon Anderson Greenwood Mariboro Union ☐ Bamberg Colleton Hampton McCormick | Williamsburg Barnwell Darlington **Нопу** Newberry York Y Beaufort Dillon ☐ Jasper Oconee Statewide Berkeley Dorchester Orangeburg Calhoun **Edgefield** Lancaster Pickens

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

1 1 13 117

Richland

Laurens

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)						
1-7 Passengers, including driver						
☐ 8-15 P	assengers, including driver					
MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT			
	To Be	Defermina				

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:
Romen Lines Una Myrtle Beach TATIS. Com. Name of Motor Carrier
511 63rd Ave Myr He Beach 56 2 9572
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ 2400.00 Limits 25/50/25
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only: 1-7 Passengers \$ 25,000/50,000/25,000 8-15 Passengers \$ 25,000/100,000/25,000 Shave + Figurance Company Name of Insurance Company
2843-8 W. Datine Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
11-19-2011 Date Syling S
NOTICE: If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.
If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

<u> </u>	on	160 L	Liriani	Joa	Mame	He Best of Applican	t TAX	15. Com	•	
1.	0	Yes		utstanding jud No judgement(s)			icant?			
2.	Îs Aj	pplicant : er operat	familiar wit tions in Sou	h all statutes a th South Caro	ind regulation lina, and doe	ns, including s Applicant	; safety regu agree to ope	lations and grate in comp	governing f	or-hire motor 1 th es e
	statu		egulations?							
3.	there	pplicant ewith? Yes	aware of the	c Commission	's insurance i	requirement	s and the ins	urance prem	aium costs a	associated

Exhibit on Driver Qualifications

ι.	Applic	ant understands that a	drivers must be a minimum of 18 years of age.			
		Yes	. №			
			to a call a time to the second is made by the SC DMV			
2,	and st	cant understands that a nch record from the Di intained in the Applic	vertified copy of the driver's three (3) year driving record issued by the SC DMV V of the state in which the driver is or has been domiciled for such period must nt's business office.			
		Yes	O No			
	*					
3	Appli must	cant understands that be maintained in the A	criminal history background check from the state where the driver ourrently lives oplicant's business office.			
İ		Yes	O No			
4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the create of residence of the driver.						
	•	Yes	O No			
~	vehic	cles to drivers who are	all Class C Taxi Certificate holders are prohibited from employing or leasing registered, or required to be registered, as sex offenders with the South Carolina ision or any national registry of sex offenders.			
	•	Ycs	O No			
		ı	•			

7 of 9

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

county of Abrive

This 19 day of Woombee 20 11

Notary Public

Commission Expires 2-17-2019

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